

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment No _____

Report No SIE666-41231

☐ Amendment (Explain Below)

Report covers period

from 01/01/2004

through 12/31/2004

Date of election if applicable:
(Month, Day, Year)

11/02/2004

Date Stamp

RECEIVED
CITY OF MOUNTAIN VIEW

'05 FEB -3 A10:58
(POSTMARKED 1/31/05)

CALIFORNIA
1994 FORM 465

1 / 4

For Official Use Only

1. Committee/Filer Information

NAME OF FILER

Santa Clara County Democratic Central Committee United Democratic Campaign

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Los Altos

CA

94024

OPTIONAL: FAX/E-MAIL ADDRESS

(408) 351-0269

I.D. NUMBER (if recipient committee)

871053

Treasurer (If recipient committee)

NAME OF TREASURER

James P. Thurber, Jr.

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Los Altos

CA

94024

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Ms. Margaret Abe Koga

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD

City Council Member, City of Mountain View

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT

OPPOSE

X

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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NAME OF FILER

Santa Clara County Democratic Central Committee United Democratic Campaign

Report covers period		
from	01/01/2004	
through	12/31/2004	2 / 4
		I.D. NUMBER (If Recipient Com.) 871053

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	1779.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	1779.00

5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/05
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Diane Trupiano
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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NAME OF FILER

Santa Clara County Democratic Central Committee United Democratic Campaign

I.D. NUMBER (If Recipient Com.)
871053

5. Filing Officers Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

1) NAME OF FILING OFFICER

Secretary of State Political Reform Division

ADDRESS

(NO. AND STREET)

P.O. Box 1467

CITY

Sacramento

STATE

CA

ZIP CODE

95812-1467

1) NAME OF FILING OFFICER

Registrar of Voters City & County of San Francisco

ADDRESS

(NO. AND STREET)

Dept. of Elections, Rm 48 City Hall

CITY

San Francisco

STATE

CA

ZIP CODE

94102-4635

1) NAME OF FILING OFFICER

Registrar-Recorder of Los Angeles County

ADDRESS

(NO. AND STREET)

12400 Imperial Highway

CITY

Norwalk

STATE

CA

ZIP CODE

90650

1) NAME OF FILING OFFICER

Santa Clara County Registrar

ADDRESS

(NO. AND STREET)

1555 Berger Dr., Bldg. 2

CITY

San Jose

STATE

CA

ZIP CODE

95112

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SEE INSTRUCTIONS ON REVERSE

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period	Date Stamp	
from <u>01/01/2004</u>		
through <u>12/31/2004</u>		4 / 4
		For Official Use Only

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/27/2004	DFS Associates San Jose CA 95126	Mailer	1779.00	1779.00

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CALIFORNIA 1994 FORM **465**

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NAME OF TREASURER

James P. Thurber, Jr.

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Los Altos

CA

94024

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Ms. Laura Macias

OFFICE SOUGHT OR HELD

City Council Member, City of Mountain View

CHECK ONE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

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Executed on

1/31/05
DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

By

Diane Tribounis
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

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SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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